

MONROE COUNTY BOARD OF ELECTIONS

ABSENTEE BALLOT APPLICATION

MAIL TO: BOARD OF ELECTIONS MONROE COUNTY
39 WEST MAIN STREET
ROCHESTER, N.Y. 14614
Tel. No. (716) 428-4550
TDD 428-2390

ADDRESS IN MONROE COUNTY

NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

DATE OF BIRTH _____

I am a registered voter in Monroe County and do now apply for an Absentee Ballot for all elections for which I am qualified. I know of no reason why I am no longer qualified to vote.

SEND BALLOT TO: _____

ZIP CODE _____

FOR OFFICE USE ONLY

LD/TOWN _____

DISTRICT _____

REG. NUMBER _____

REG. DATE _____

PARTY _____

SIGNATURE CHECKED _____

DATE _____ BY _____

ENVELOPES PREPARED _____

DATE _____ BY _____

BALLOT MAILED _____

DATE _____ BY _____

2nd

BALLOT SENT _____ BY _____

VOTED IN OFFICE ☐

BALLOT TAKEN ☐

I will be absent from Monroe County on the day of election for one of the following reasons:

PLEASE CHECK COLUMN ON LEFT AND COMPLETE STATEMENT ON RIGHT

_____ 1. BUSINESS

_____ 2. VACATION

_____ 3. EDUCATION (SCHOOL OUTSIDE MONROE COUNTY)

_____ 4. TEMPORARY ILLNESS (HOME)

_____ 5. TEMPORARY ILLNESS (HOSPITAL)

_____ 6. I WILL BE DETAINED IN JAIL FOR AN OFFENSE

OTHER THAN FELONY OR AWAITING TRIAL OR GRAND JURY ACTION. (PRINT NAME OF INSTITUTION) _____

_____ 7. I AM PERMANENTLY CONFINED (STATEMENT BELOW MUST BE COMPLETE)

Dates you intend to be out of Monroe County:

From _____ To _____

Please state where you will be on Election Day. _____

STATEMENT OF PERMANENT DISABILITY OR CONFINEMENT

(STATE NATURE OF ILLNESS OR DISABILITY) _____

I AM PERMANENTLY CONFINED AT _____
(NAME OF INSTITUTION OR RESIDENCE IF CONFINED AT HOME)

Special Notice: Power of Attorney or use of signature stamp is not acceptable. Signature must be a signature or voter's mark.

ALL APPLICANTS MUST FILL OUT THE FOLLOWING:

I certify that the information in this application will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

DATE _____ SIGNATURE OF VOTER _____

If applicant is unable to sign the application because of illness or physical disability the following statement must be completed. By my mark, duly witnessed hereunder, I state that I am unable to write because of my illness, physical disability or I cannot read. I have made or have received assistance in making my mark in lieu of my signature.

DATE _____ MARK OF VOTER _____

I certify that the above named voter affixed his mark to this application in my presence and I know him to be the person who affixed his mark to the application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains a false statement, shall subject me to the same penalties as if I had been duly sworn.

DATE _____ SIGNATURE OF WITNESS TO MARK _____

This application may be filed at anytime, but MUST be postmarked no later than seven (7) days before election.